

Drawings Objections Under 37 C.F.R. 1.83(a)

The Examiner states that "the flagging and alarm features must be shown or the features(s) canceled from the claim(s)." Figure 7G has been amended to show the flagging and alarm feature used to warn physicians to check new guidelines associated with billing codes. In Fig. 7G an exemplary billing code "99233" is shown as flagged to warn the physician to check new guidelines associated with billing code "99233". Applicants have also submitted, concurrent with this Amendment, a Proposal For Drawing Correction that shows the flagging and alarm feature as claimed.

Claims Rejections Under 35 U.S.C. 103(a)

Claims 1-22 are rejected as being unpatentable over U.S. Patent No. 5,325,293 (hereinafter "Dorne") in view of U.S. Patent No. 5,867,821 (hereinafter "Ballantyne").

The Examiner states that "[t]he software of Dorne provides guideline notifications associated with different billing codes (FIG. 3G). The pop-up display of FIG. 3G reads as a flag or alarm." Even assuming the broad interpretation of flag or alarm on which the Examiner relies, Dorne's pop-up display of FIG. 3G does not teach "flagging billing code changes to warn physicians to check new guidelines associated with the billing codes" as now recited in the claims. The physician must have already chosen to display the guideline in order for the pop-up display on by the Examiner to occur, and there is nothing to make the physician aware that changes have been made.

In contrast, with the present invention, the physician is warned to check for new or updated guidelines. Physicians often work in a specific practice area and utilize the same subset of billing codes over and over. Their presumed familiarity with the guidelines associated with those billing codes can lead them to routinely ignore reviewing the guidelines and therefore missing updated guideline information.

The present invention warns physicians to check new guidelines associated with the billing codes in order to become aware of changes in the guidelines. This can help prevent physicians from making overbilling errors that could result in denied reimbursement and possible fines. Underbilling errors can also be avoided. As the physician is made aware of the current changes in the guidelines they can be more confident that the procedures they perform meet the current guidelines for the level of service being provided.

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Dorne does not teach "flagging billing code changes to warn physicians to check new guidelines associated with the billing codes" as claimed in Claims 9 and 16. Additionally, Ballantyne does not add this feature to the teachings of Dorne.

Thus, no combination of Dorne and Ballantyne implies or suggests the invention as claimed in Claims 9 and 16. Therefore, for the above states reasons, Applicants respectfully request withdrawal of the rejection of Claims 9 and 16 under 35 U.S.C. §103(a).

Claims 10-15 and 17-22 are dependent on independent base Claims 9 and 16, respectively. The above remarks regarding independent base Claims 9 and 16 apply to dependent Claims 10-15 and 17-22 by virtue of the fact that, if an independent claim is nonobvious under 35 U.S.C. 103, then any claim depending therefrom is nonobvious. *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596 (Fed. Cir. 1988).

Therefore, for the above-stated reasons, applicants respectfully request that the rejection of Claims 10-15 and 17-22 under 35 U.S.C. 103(a) be withdrawn.

CONCLUSION

In view of the above amendments and remarks, it is believed that all claims (9-22) are in condition for allowance, and it is respectfully requested that the application be passed to issue. If the Examiner feels that a telephone conference would expedite prosecution of this case, the Examiner is invited to call the undersigned at (978) 341-0036.

Respectfully submitted,

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MARKED UP VERSION OF AMENDMENTSSpecification Amendments Under 37 C.F.R. § 1.121(b)(1)(iii)

Please replace the paragraph at page 13, lines 14 through 22 with the below paragraph marked up by way of bracketing and underlining to show the changes relative to the previous version of the paragraph.

The "Info" button 94 as shown in Figure 7G takes the user to the Patient Information Screen. Tapping the "Done" button 66 returns the user to the Select Patient Screen 52. The "Clear" button 96 clears the billing code for the selected code box. If the user taps the "Clear" button 96, the user will be prompted to ensure that the user wants to erase this information. The "Notes" button 98 takes the user to the Notes Screen where the user can optionally record additional information on the patient. Tapping the "Guidelines" button 100 takes the user to the Guidelines Screen where the user finds detailed documentation guidelines associated with the currently selected billing code. Billing code changes can be flagged 97 by an alarm to warn the physicians to check new guidelines.

Claim Amendments Under 37 C.F.R. § 1.121(c)(1)(ii)

9. (Three Times Amended) A method for automating the billing process for physicians using an electronic handheld processing device the method comprising:

displaying patient demographic information on a screen of the handheld processing device;

displaying billing information on the screen of the handheld processing device;
selecting the required patient and billing information once a patient has been examined;

downloading guidelines associated with billing codes;

flagging billing code changes to warn physicians [changes in] to check new guidelines associated with the billing codes; and

intermittently outputting billing code data to an interface device for distributing the billing code data to information systems for further processing to generate medical bills.

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16. (Three Times Amended) A method in a computer system for automating a physicians billing process, comprising, with a handheld device:
 - displaying a list of patients to be seen on a particular day;
 - displaying a list of patient locations;
 - displaying billing codes;
 - downloading guidelines associated with the billing codes;
 - flagging billing code changes to warn physicians [changes in] to check new guidelines associated with the billing codes;
 - receiving billing code selection corresponding to a patient examined by a physician;
 - creating a new billing record for the patient;
 - from an interface device, intermittently sending billing codes for the patient to an information processing system to generate a medical bill.